

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>		64181	1-311-00
<b>O.I.P.E. CLASSIFIER</b>		12	219
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**Best Available Copy**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1 19/04	2 4 16 10 81
2 19/04	3 18 28 25
3 19/04	4 10 25
4 20/03	5 03 03 04
5 20/03	6 03 04
7 20/03	8 03 04
9 20/03	10 03 04
11 20/03	12 03 04
13 20/03	14 03 04
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37 20/03	38 03 04
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45 20/03	46 03 04
47 20/03	48 03 04
49 20/03	50 03 04

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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